Report Status: Submitted

State of Wisconsin

Report Date:

April 30 2012

Department of Natural Resources

Questions:

NANCY GLOE

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2011 ANNUAL REPORT RECYCLING PROGRAM ACCOMPLISHMENTS AND ACTUAL COSTS

Form 4400-182

Rev. 2-10

NOTICE: This form is authorized by s. NR 544.10 and s. NR542.09(3), Wis, Adm. Code. Completion of this form is mandatory for annual reporting and request of financial recycling grant reimbursement, except for information denoted as optional, for continued conditional approval of a responsible unit's recycling program and retention of the 2011 recycling grant for responsible units that are grantees. Personally identifiable information will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31-19.39, Wis. Stats].

Responsible Unit (RU)

County

Municipal Code

RU Population

WHITEWATER CITY OF

Walworth

64291

14622

SECTION 1: CONTACT INFORMATION

A. Authorized Representative

Name:

Brunner, Kevin

Title:

MANAGER

Address:

312 W WHITEWATER ST

WHITEWATER, WI 53190

Telephone: (262) 473-0500

Alt Telephone:

Best Way to Contact: E-Mail

Email:

KBRUNNER@whitewater-wi.gov

B. Primary Contact

Name:

Fischer, Dean

Title:

DIRECTOR OF PUBLIC WORKS

Address:

312 W Whitewater St

Whitewater, WI 53190

Telephone: (262) 473-0140

Alt Telephone:

Best Way to Contact: E-Mail

Email:

dfischer@whitewater-wi.gov

A. Collection of Recyclables for 1 -4 Residential Unit Housing - Single Member 1. Do you provide curbside collection? a) What is your primary curbside collection method? Single Stream b) What is your curbside collection frequency? Bi-Weekly c) How is curbside service provided? RU contracts with a private hauler for service 2. Do you provide drop-off service? a) How many hours is your drop-off center(s) open monthly, on average? b) How is drop-off service provided? 3. What is your primary collection method? Curbside 4. Do you have a DNR - approved alternative collection method? a) Date of Approval b) Alternative Description: 5. Hauler List **Hauler Name** Contract JOHNS DISPOSAL SERVICE INC 10386 Municipality(RU) B. Processing of Recyclables for 1-4 Residential Unit Housing 1. List Of Materials Recovery Facilities (MRF) **Materials Recovery Facility** DNR ID **RU Contract** JOHN'S DISPOSAL SERVICE 2685 2. List of Other Processors and End Users C. Compliance 1. Does your RU have a recycling ordinance? a) Did your recycling ordinance change during the previous calendar year? b) Ordinance Revision Date 2. Have you implemented a Compliance Assurance Plan (CAP) as required by s. NR 544.04(9g), Wis. Adm. Code? a) Did you make changes to your CAP during the previous calendar year? 3. How does your RU ensure compliance with your recycling ordinance at residences with 5 or more units?

RU staff respond to recycling-related complaints

SECTION 2: EFFECTIVE PROGRAM INFORMATION

4. How does your RU ensure compliance with your recycling ordinance at non-residential facilities and properties (e.g., businesses, stadiums, events, etc.)?

RU staff respond to recycling-related complaints

SECTION 3: ANNUAL PERFORMANCE INFORMATION

A. Compliance & Enforcement

1. Compliance and enforcement actions taken

	Complaints Received	Inspections	Citations	Written Warnings	Verbal Warnings
1 - 4 units residential	0		0	0	0
5+ units residential	0	0	0	0	0
Non-residential (Business)	0	0	0	0	0

B. Table 1 Materials and Weights Collected

1. Table 1 Materials Collected

Material Name

Newspaper

Corrugated Cardboard

Magazines

Residential Mixed Paper

Aluminum Containers

Steel & Bi-Metal Containers

Plastic Containers #1 & #2

Glass Containers

2. List of Reported Tonnages

Name	Туре	Tonnage
JOHN'S DISPOSAL SERVICE	MRF	940.59
Aluminum Containers		16.19
Corrugated Cardboard		131.79
Glass Containers	•	126.81
Newspaper		572.93
Plastic Containers #1 & #2		57.93
Steel & Bi-Metal Containers		34.94
Loads Include:		

My loads contain none of the above materials

3. Summary of Compliance with Table 1 Collection

a) Total weight of Table 1 materials collected from residences

b) Per capita collection

128.65

Based on the data you provided, you have MET your Table 1 collection standard.

C. Information on Other Materials Collected From Residents

1. Table 2 Other Banned Materials

Material Name			Weight/ Unit
Waste Tires			5.40 Tons
Waste Oil			0.20 Tons
Lead Acid Batteries			1.40 Tons

2. Additional Materials Collected from Residents

Material Name

Scrap Metals

D. Report of Actual Recycling Costs

1. Section 3.D will be blank if you did not have a grant award	
a) Total cost of recycling program	147,425.00
b) Ineligible costs	
c) Eligible recycling expenses	147,425.00
d) Other deductible revenue	
e) Revenues from the sale of recyclables	
f) Net eligible recycling costs	147,425.00
g) Cost of handling yard waste	76,037.00
	_,

h) Net eligible recycling costs excluding yard waste 71,388.00
i) Cost (net eligible recycling costs excluding yard waste) per 4.88
capita

j) Cost (net eligible recycling costs excluding yard waste) per ton 75.90

You have successfully earned your grant. Repayment will not be required

E. Outreach and Other Program Features

1. Do you have documented data on the amount of municipal tra	ish/garbage Y
collected from your community for this reporting year?	indina fara kalakada
a) What was the tonnage?	1,854.00

2. What outreach efforts did you undertake in the program year?

News releases

Radio ads or PSAs

Web site

3. Do you have a Pay As You Throw/Volume Based Fee system for trash collection? N

4. Are you active in special events recycling?

Υ

Provide loaner recycling bins

Provide staffing

5. Do you require hauler licensing or registration to provide recycling service to residents in your community?	N
6. Do you work directly with business to implement or improve recycling for the public or employees?	N
7. Do you work with multi-family units to improve recycling at multi-family dwellings?	N
8. Do you provide incentive programs such as Recycle Bank for residents?	N
9. Do you operate a household hazardous waste collection center?	Υ
10. Do you work with hauler to improve the program?	Y
11. Do you work with other communities to coordinate or jointly provide services?	Υ

SECTION 4: CERTIFICATION

RU Name: WHITEWATER CITY OF **Muni Code:** 64291

Mail To: NANCY GLOE County:

141 NW Barstow St, Room 180
Waukesha WI 53188

Population: 14622

Walworth

Waukesha WI 55166

A. Summary of 2011 Recycling Performance

Total weight of Table 1 materials collected from residences 940.59

Per capita collection 128,65

Per capita collection standard 106.55

Based on the data you provided, you have MET your Table 1 collection standard.

Grant Award 31,766.42

Net eligible recycling costs excluding yard waste 71,388.00

Cost (net eligible recycling costs excluding yard waste) per capita 4.88

Cost (net eligible recycling costs excluding yard waste) per ton 75.90

B. Exemption not required

C. Assurances

A. The responsible unit certifies the program operates in accordance with its Effective Recycling Program Approval. If there have been changes, are described in this 2009 Annual Report Form.

B. The responsible unit agrees to comply with all applicable provisions of ch. 287, Wis. Stats., and chs. NR 544 and NR 542, Wis. Adm. Code.

C. The responsible unit understands that failure to comply with any applicable provision of ch. 287, Wis. Stats., chs. NR 544 Wis. Adm. Code. and NR 542, Wis. Adm. Code, or the Effective Recycling Program Approval may result in termination of its Effective Recycling Program Approval, the prohibition of disposing solid waste from the responsible unit in solid waste disposal or treatment facilities located in the state of Wisconsin, and ineligibility for state recycling grants.

D. The responsible unit certifies that in the management of its solid waste, it has, whenever possible and practical, followed these priorities: 1) the reduction of the amount of solid waste generated; 2) the reuse of solid waste; 3) the recycling of solid waste; 4) the composting of solid waste; 5) the recovery of energy from solid waste; 6) the land disposal of solid waste; and 7) the burning of solid waste without energy recovery.

I hereby acknowledge I am the duly authorized representative of the responsible unit and, to the best of my knowledge and belief, the information contained in this report is correct, true and complete.

D. Certification

☑ I have reviewed all sections of this report.

Name of Authorized Representative
Kevin Brunner

Signature of Authorized Representative
02/13/2012

Prepared by:

Dean Fischer

Confirmation #:

130639-S-20120213:093719

Fischer, Dean (262) 473-0140 312 W Whitewater St Whitewater, WI 53190